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| Case Number: | CM14-0121887 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 02/05/2013 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and Acupuncture, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male who reported neck, low back and left knee pain from injury sustained on 02/05/13. Mechanism of injury was not documented in the medical records provided for review. MRI of the lumbar spine revealed moderate degenerative disc disease at L1-2 and facet arthropathy at L5-S1 on the left. MRI of the left knee revealed medial compartment degenerative arthrosis, full thickness cartilage loss with underlying subchondral edema and changes of prior partial meniscectomy without evidence of re-tear. Patient is diagnosed with left knee arthralgia, degenerative joint disease of left knee, neck and back pain, status post arthroscopy of left knee, lumbar degenerative disc disease and lumbar spine facet arthropathy. Patient has been treated with medication, chiropractic, surgery, physical therapy and acupuncture. Per medical notes dated 05/05/14, patient complains of neck, mid back and low back pain. Pain has worsened by 10% with persistent aching in the low back. He continues to benefit from acupuncture and feels he would also benefit from Physical therapy. Pain is rated at 4/10. He denies numbness, tingling or burning into bilateral lower extremity. Patient complains of left knee pain rated at 4/10. He states that his low back pain is greater than his neck and mid back pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient has not had any long-term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Continued acupuncture QTY:8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical treatment Guidelines page 8-9 states that "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 06/06/14, "he continues to benefit from acupuncture". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional eight acupuncture treatments are not medically necessary.